

REMARKS/ARGUMENTS

This paper is responsive to the Office Action mailed on June 7, 2006 in the above-captioned application. In response to the Office Action, claims 1-5, 7 and 10 have been amended. No new matter has been added.

Rejection under 35 U.S.C. § 102

Claims 1-10 stand rejected under 35 U.S.C. § 102(e) as being anticipated by Bienvenu II et al. (US 2002/0188476). Bienvenu describes a system in which prescription drug history data of a patient is requested by an insurance company and provided to the insurance company by one or more pharmacy benefit managers (PBMs). The prescription history of a patient provided by each PBM may then be integrated to provide an aggregate summary of the patient's prescription history that the insurance company may use for various purposes. One suggested purpose is the use of the prescription history to determine the "probability that the prescription indicates a particular condition" to "provide the insurer with the likelihood that the applicant or insured has each of the conditions indicated by the prescribed drug." See ¶ 0039. The insurer may also use the prescription history to make "an informed decision about the insurance related risks" by accepting, rejecting or affecting the individual's insurance rating "depending on the information in the individual's prescription history" using "actuarial tables and formulas." See ¶ 0043. No additional discussion is provided on risk assessment, as the focus of Bienvenu is only the collection of prescription history data.

In contrast to the Bienvenu system, the method according to the present invention as recited in amended claims 1 and 10 includes, *inter alia*, the steps of assigning the prescription data for each prescription to at least one risk group based upon at least one medical condition typically treated by the prescription; storing risk data for the patient, wherein the risk data includes the risk groups for all prescription data of the patient; and calculating a risk score for the patient based upon the risk data and the demographic data of the patient. These steps are not taught or suggested individually or in combination or enabled by Bienvenu. Consequently, amended claims 1 and 10 are believed to be patentable over Bienvenu.

Claims 2-9 depend from amended claim 1 and are believed to be patentable over the applied reference for at least those reasons set forth above with respect to amended claim 1.

This application now stands in allowable form and reconsideration and allowance is respectfully requested.

Respectfully submitted,

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